

FULL FACILITY PROFILE

CASTLE COUNTRY CARE CTR PROVIDER #: 465098 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 PO BOX 791 PHONE NUMBER: (435) 637-9213 TOTAL: 100
 PRICE UT 84501 PARTICIPATION DATE: 11/01/1984 CERTIFIED: 100 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 11/21/2000	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 100			
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TOTAL: 62	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE: 3	SUSPENSION RESCINDED:	--	----	--	-----
MEDICAID: 39		20		80	
OTHER: 20					

SURVEY DATES FROM: 09/18/2000 TO: 09/21/2000 PROGRAM REQUIREMENTS
 EXTENDED SURVEY DATES FROM: TO:
 DATE PROVIDER SIGNED POC: 10/13/2000
 REVISIT DATES: 11/21/2000

S/S CODE	TAG #	REQUIREMENT	PLAN/DATE OF CORRECTION	STATUS OF DEFICIENCY	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT - AFTER 09/30/1990					
					STATE		REGION		NATION	
					#	%	#	%	#	%
D	F0157	INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC	10/25/2000	DEFICIENCY CORRECTED	3	8.1	6	5.0	656	9.7
D	F0322	PROPER CARE & SERVICES FOR RES W/ NG TUBE	10/25/2000	DEFICIENCY CORRECTED	1	2.7	4	3.3	490	7.2
B	F0372	DISPOSE GARBAGE & REFUSE PROPERLY	10/13/2000	DEFICIENCY CORRECTED	2	5.4	5	4.1	322	4.7
D	F0426	FACILITY PROVIDES PHARMACEUTICAL SERVICES	10/25/2000	DEFICIENCY CORRECTED	5	13.5	7	5.8	520	7.7
E	F0441	FACILITY ESTABLISHES INFECTION CONTROL PROG	10/25/2000	DEFICIENCY CORRECTED	3	8.1	15	12.5	971	14.3

BUILDING CHARACTERISTICS			
BUILDING NUMBER	TYPE OF BUILDING	EDITION OF LSC APPLIED	LSC COMPLIANCE STATUS
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01	BUILDING	85 EXIST	FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE POC

SURVEY DATES FROM: 09/18/2000 TO: 09/21/2000 LSC DEFICIENCIES
 EXTENDED SURVEY DATES FROM: TO:
 DATE PROVIDER SIGNED POC: 12/08/2000
 REVISIT DATES: 01/24/2001

BUILDING NUM	TAG #	REQUIREMENT	PLAN/DATE OF CORRECTION	STATUS OF DEFICIENCY	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT - AFTER 09/30/1990					
					STATE		REGION		NATION	
					#	%	#	%	#	%
01	K0054	SMOKE DETECTOR MAINTENANCE	01/08/2001	DEFICIENCY CORRECTED	5	13.5	11	9.1	477	7.0
01	K0072	FURNISHING AND DECORATIONS	01/08/2001	DEFICIENCY CORRECTED	3	8.1	5	4.1	132	1.9
01	K0130	OTHER	01/08/2001	DEFICIENCY CORRECTED	33	89.1	46	38.3	1156	17.1

TYPE OF DEFICIENCY	TOTAL THIS FACILITY	AVERAGE NUMBER OF DEFICIENCIES PER FACILITY		
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CONDITION/LEVEL A	0	0.00	0.00	00.00
REQUIREMENT	5	4.97	5.72	07.30
HEALTH TOTAL	5	4.97	5.72	07.30
LIFE SAFETY CODE	3	3.81	3.11	02.77
LIFE SAFETY CODE + HEALTH	8	8.78	8.84	10.08